performance on the FSS (r s =-0.27 to -0.37 and 0.29 to 0.36, p<0.05 for all). Construct validity was observed by the moderate association between the four versions of the BBT and the SPPB (r s =-0.63 to -0.58 and 0.43 to 0.53, p<0.05, for all). Criterion validity was observed by the moderate association between the four versions of the BBT and the BBT (r s =-0.48 to -0.58 and 0.64, p<0.05) for all.
*Conclusion:* All versions of the BBT showed good reproducibility, measurement error and validity measurement, with no ceiling or floor effect in hospitalized patients. The BBT versions can be a good alternative for the functional assessment of bedridden patients.
*Implications:* This study allows us to present suggestions for future studies. Thus, it is suggested to continue investigating whether the BBT can be used as a predictor of other outcomes.
*Keywords:* Hospitalization, Patient Outcome Assessment, Mobility Limitation

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**237**

## TRANSLATION, TRANSCULTURAL ADAPTATION AND CONSTRUCTION VALIDITY OF THE PITTSBURGH FATIGABILITY SCALE INTO BRAZILIAN PORTUGUESE

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*Background:* Fatigue is a symptom associated with the weakening or depletion of an individual's physical and/or mental resources. The term fatigability comprises the subjective perception of fatigue in face of activities of specific intensity and duration. The Pittsburg Fatigability Scale (PFS), originally published in English, is the only validated scale to measure perceived fatigability in older adults. Considering the importance of specific assessment in the aging population for the prevention of conditions and for the rehabilitation, it is necessary to translate and adapt it cross-culturally to the specificities of the Brazilian context.
*Objectives:* To translate and cross-culturally adapt the Pittsburgh Fatigability Scale into Brazilian Portuguese to assess fatigability in the Brazilian older adult's population.
*Methods:* Based on Beaton et al. (2000) we carried out the translation and cross-cultural adaptation to generate the PFS version in Brazilian Portuguese (PFS-Brasil), following the steps: translation from the source language (English), comparison and synthesis of translated versions, blind back-translation, comparison of back-translations and assessment of instrument clarity by the expert committee. Older adults who met the inclusion and exclusion criteria were invited to participate voluntarily. Each participant provided demographic data, responded to the PFS-Brasil and reported their understanding, difficulty in responding and suggestions about each item on the scale. All assessments were performed in environments with noise, temperature, and lighting control to ensure privacy and comfort conditions for the proper performance of the tests. The R software was used to analyze the evidence of construct validity and instrument precision based on Confirmatory Factor Analysis (CFA), Cronbach's $\alpha$, McDonald's $\omega$ and composite reliability.
*Results:* The Brazilian version of the PFS (PFS-Brasil) was developed. The pilot test referring to the last phase of the cross-cultural adaptation included the assessment of 103 participants. Confirmatory factor analyzes carried out point to the adequacy of bifactorial models for both subscales, with satisfactory and excellent internal consistency for the physical and mental subscales, respectively.
*Conclusion:* The present study demonstrated that the Brazilian version of the Pittsburgh Fatigability Scale has adequate construct validity for assessing perceived fatigability in older adults, both in its physical and mental subscales.
*Implications:* To have an assessment tool that is easy to use, brief, easy to understand and validated for our culture is essential for proper clinical assessment. The PFS-Brasil scale analyzes the degree of perceived physical and mental fatigability in the older adult and the scale will allow health professionals to assess health conditions in a comprehensive and precise way, defining rehabilitation procedures and its follow-up for the integral health care of the aging populations. To analyses other validation parameters are needed and are being performed as part of a second study.
*Keywords:* Validation Study, Patient-Reported Outcomes Measure, Functional Physical Performance

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**238**

## EFFECTIVENESS OF CUPPING THERAPY ON MUSCLE PAIN IN RECREATIONAL RUNNERS: RANDOMIZED CLINICAL TRIAL

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*Background:* It is recommended that physical activity be a routine for people throughout their lives. The WHO recommends that adults get an average of 300 minutes of moderate activity or at least 75 minutes of high intensity activity per week. Among the sports, street running attracts more and more fans. It is an inclusive modality as it enables several people of different ages to practice it on a daily basis. It is associated with easy access, low cost, and low technical level. The incidence of running-related injuries is between 2.5 to 33 injuries per 1000 hours of running, and the variation occurs due to the type of runner, operationalization of the term injury, and duration of follow-up. To reduce the deleterious effects of muscle damage it is important for athletes to utilize recovery strategies to reduce pain, fatigue, prevent future injury, and enable a faster and more efficient return to training. It is believed that ventosaterapy is a recovery technique that performs drainage and increases blood circulation, facilitating the release of toxins that are associated with pain processes. The application time varies between 5 to 10 minutes with a negative pressure of 300 millibars being sufficient to generate changes in musculoskeletal pain. However, there are several modes of application. Therefore, the development of studies is important to prove the effectiveness of the technique.